County: Racine LAKESHORE MANOR

1320 WISCONSIN AVENUE RACINE 5340

1020 11200110111 11121102				
RACINE 53403	Phone: (262) 687-2241		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To	12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction	with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up a	and Staffed (12/31/01):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capa	city (12/31/01):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on	12/31/01:	49	Average Daily Census:	50

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 7
Supp. Home Care-Household Services		Developmental Disabilities	0. 0	Under 65	2.0	More Than 4 Years	22. 4
Day Services	No	Mental Illness (Org./Psy)	10. 2	65 - 74	4. 1		
Respite Care	No	Mental Illness (Other)	12. 2	75 - 84	34. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	44. 9	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	14. 3	Full-Time Equivalent	
Congregate Meals	No	Cancer	4. 1	·	ĺ	Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	12. 2		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14. 3	65 & 0ver	98. 0		
Transportati on	No	Cerebrovascul ar	20. 4	[']		RNs	16. 3
Referral Service	No	Di abetes	2. 0	Sex	%	LPNs	5. 0
Other Services	No	Respi ratory	2. 0			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	22. 4	Male	26. 5	Ai des, & Orderlies	43. 5
Mentally Ill	No			Female	73. 5		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	6	100. 0	259	25	100.0	117	0	0.0	0	18	100.0	168	0	0.0	0	0	0.0	0	49	100.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		25	100.0		0	0.0		18	100.0		0	0.0		0	0.0		49	100.0

County: Racine LAKESHORE MANOR

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Admissions, Discharges, and Deaths During Reporting Period	I	Percent Distribution	of Residents'	Condi ti ons,	Servi ces	s, and Activities as of 12/	/31/01
beachs builing hepoteting refrou		<u>'</u>		% Neo	edi ng		Total
Percent Admissions from:		Activities of	%	Assi sta		% Totally	Number of
Private Home/No Home Health	8. 2	Daily Living (ADL)	Independent	One Or 7	Two Staff	Dependent	Resi dents
Private Home/With Home Health	10. 2	Bathi ng	0.0	81	l. 6	18. 4	49
Other Nursing Homes	10. 2	Dressi ng	4. 1	8	5. 7	10. 2	49
Acute Care Hospitals	67. 3	Transferring	18. 4	63	3. 3	18. 4	49
Psych. HospMR/DD Facilities	0.0	Toilet Use	10. 2		7. 1	32. 7	49
Reĥabilitation Hospitals	0.0	Eati ng	63. 3	20	3. 5	10. 2	49
Other Locations	4. 1	************	******	*********	******	*********	******
Total Number of Admissions	49	Continence		% Spe	ecial Trea	itments	%
Percent Discharges To:		Indwelling Or Externa				Respiratory Care	10. 2
Private Home/No Home Health	8. 2	0cc/Freq. Incontinent				Tracheostomy Care	0. 0
Private Home/With Home Health	16. 3	Occ/Freq. Incontinent	t of Bowel			Sucti oni ng	2. 0
Other Nursing Homes	2. 0			I	Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	10. 2	Mobility				Tube Feeding	4. 1
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	d	2. 0 I	Recei vi ng	Mechanically Altered Diets	34. 7
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care		0tl	ner Reside	ent Characteristics	
Deaths	63. 3	With Pressure Sores				nce Directives	91. 8
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	49			I	Recei vi ng	Psychoactive Drugs	55. 1

	Thi s	0ther	Hospi tal -		Al l
	Facility	Based Facilities		Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	88. 1	1. 14	84. 6	1. 18
Current Residents from In-County	100. 0	83. 9	1. 19	77. 0	1. 30
Admissions from In-County, Still Residing	40. 8	14. 8	2. 76	20. 8	1. 96
Admissions/Average Daily Census	98. 0	202. 6	0. 48	128. 9	0. 76
Di scharges/Average Daily Census	98. 0	203. 2	0. 48	130. 0	0. 75
Discharges To Private Residence/Average Daily Census	24. 0	106. 2	0. 23	52. 8	0. 45
Residents Receiving Skilled Care	100. 0	92. 9	1. 08	85. 3	1. 17
Residents Aged 65 and Older	98. 0	91. 2	1. 07	87. 5	1. 12
Title 19 (Medicaid) Funded Residents	51. 0	66. 3	0. 77	68. 7	0.74
Private Pay Funded Residents	36. 7	22. 9	1. 60	22. 0	1. 67
Developmentally Disabled Residents	0.0	1.6	0.00	7. 6	0.00
Mentally Ill Residents	22. 4	31. 3	0. 72	33. 8	0. 66
General Medical Service Residents	22. 4	20. 4	1. 10	19. 4	1. 16
Impaired ADL (Mean)*	49. 8	49. 9	1.00	49. 3	1. 01
Psychological Problems	55. 1	53. 6	1. 03	51. 9	1.06
Nursing Care Required (Mean)*	10. 2	7. 9	1. 29	7. 3	1. 39